

Consent to Release Student Information

Per Compliance with "The Family Educational Rights and Privacy Act of 1974" (FERPA)

I, _____, hereby permit Guilford Technical Community College to release the following information from my educational records (check all that apply):

_____ Academic Standing _____ Payment Information/History _____ All Records
_____ Class Schedule for Current Term _____ Registration History _____ Other (specify): _____
_____ Cumulative Credit Hours _____ Transcript/Grades _____
_____ Financial Aid Information _____ Veterans' Information

FERPA requires that you state the purpose of the disclosure(s): _____.

The above information may be released in person or in writing to the following individual(s)/parties, **once s/he has confirmed my social security number, date of birth, and/or other specific identifying information that may be requested.** (Additional names: attach additional pages)

Printed Name

Printed Name

I understand that the above information is considered private information under the Federal FERPA guidelines. By completing and signing this form, I realize that this information will be released **only** to the party(ies) indicated. Information cannot be requested or be released via the internet. This release does not cover Counseling Services records. I understand that I have the right not to consent to the release of my educational records; that I have the right to receive a copy of such records upon request. **This release does NOT authorize others to drop classes on my behalf.**

This form must be submitted in person, by mail, or by FAX, with picture identification to Enrollment Services, located in the Medlin Campus Center, 2nd level, Jamestown Campus. *This agreement will remain in effect until revoked in writing by me, the student.

Student Name (printed) / _____
Birth mo./day/yr.

Student GTCC Identification Number

Student Signature

Date

Student E-mail Address

Student Phone Number

***I request for this agreement to be cancelled.** _____

Student Signature

Date

Office use only: Copy of student's state ID (such as Driver's License) must be attached to this form.

Notes placed in ASUM/Comments: (Entry **required in this format: crf mo/day/yr your initials. To whom; list items checked for release.**)

by _____ (Staff signature required) _____ Date